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The madhouses and mad doctors of Ulster

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'If we act only for ourselves, to neglect the study of history is not prudent: if we are entrusted with the care of others, it is not just.'
Samuel Johnson

Nineteen eighty-six was a most significant year in the life of the mental health services in Northern Ireland. The introduction of new and progressive legislation updates the landmark of reform — the 1961 Mental Health Act. The Royal Commission on Mental Health (1957) which laid the foundation to this Act articulated the philosophy of change — a change from institutional care to community care. This same year we had DHSS (NI) planning guidelines for mental health, which enshrined the principles of community care. Indeed the forces for change currently embrace professional interest, public opinion, legal provision and now Government strategy. Given such impetus for a shift from one major model of care, the mental hospital, it is appropriate to ask how such a form of provision arose in the first place. Where did these institutions and their providers come from? — Does their history have anything to teach us about the way ahead?

While the present reforms in psychiatric care occurring throughout these islands and indeed throughout much of Western society require major shifts in the balance of service provision, in styles of practice and in professional relationships, they are no more dramatic than the changes achieved by the first reformers in the early years of the nineteenth century.

To understand something of their achievements it is important to appreciate the context in which these developments took place — the nature of community in 18th and 19th century Ireland, the prevailing social attitudes which accepted the appalling conditions for the lunatic poor.

In the eighteenth and nineteenth centuries, superstitions abounded regarding the insane and their treatment. One of these gives Ulster its first link with asylum for the insane — at Glennagalt, the valley of lunatics, in Co. Kerry. It was once believed that all lunatics would ultimately, if left to themselves, find their way to this glen to be cured. The origins of the superstition go back to the legionary tale of Cathfionntra, or the Battle of Ventry in the Dingle Peninsula.[1] This tells of how Daire an Dornmhar, the monarch of the world, landed to conquer Erin. He was opposed in mortal combat by Finn MacCumhaill and his men. In the course of the battle Gall, son of the king of Ulster, came to the help of Finn MacCumhaill. After

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performing many outstanding deeds of valour, Gall fled in a state of derangement from the scene of slaughter never stopping until he plunged into the wild seclusion of Glennagalt. Gall was believed to be the first lunatic who went there, following which there have been many pilgrimages to this beautiful 'valley of lunatics' and its wells.

Turning from mythology to early history, before the Elizabethan period insane persons in Ireland were given considerable protection under the Brehon laws.[2] Based on the old Mosaic laws, they spelt out the social obligations to the mentally ill. The reality might well have been somewhat different from what the laws required. Some of the insane were certainly cast adrift, but from available evidence few were deliberately persecuted, as happened elsewhere in these islands.

Ireland's provision for its lunatics was not evolving in a vacuum and was greatly influenced by the social and political events on the larger island. By the end of the sixteenth century, Elizabeth and her armies had completed the conquest of Ireland and the remaining vestiges of the old Irish social order disappeared.[3] Throughout most of the seventeenth and eighteenth centuries, the requirements of an increasingly ordered society placed great emphasis on conformity and on the obligation on each individual to behave and conform. Vagrancy, drunkenness, witchcraft all tended to disturb the social and religious order and demanded restraint. To help maintain this process a public policy developed of incarcerating the non-conforming, the nuisance and the insane as well as the criminal.[4] Indeed, little distinction was drawn between them. Madness was seen as a matter of deliberate and perverse choice rather than the inescapable consequence of a sick mind.

Local communities recognised little corporate responsibility for the wellbeing of its citizens. As Beckett remarked on Irish social provision, 'It was the claims of the Kingdom of Ireland rather than the welfare of the bulk of the inhabitants that engrossed the attention of politicians'.[5] The country did not have the official benefits of a Poor Law legislation until late in the eighteenth century. In addition, the population was growing rapidly and the country's dependency on a poor agricultural economy was even greater than in England.[6] As a result, pauperism exploded and inevitably the more vulnerable, which included the insane, suffered most.

In 1771 Ireland was provided with an elementary Poor Law. Through a system of badging, the 'deserving poor' were allowed to beg. Grand juries in each county were also empowered to establish workhouses, or 'houses of industry', for vagrants, the destitute and the infirm. However, provision was made only in Dublin, Cork, Limerick and Waterford.[8]

EIGHTEENTH CENTURY PROVISION FOR THE INSANE

Specialised confinement of any sort for the insane was virtually absent. The one asylum was founded in 1745 by Jonathan Swift, Dean of St Patrick's Cathedral, Dublin. By 1800 it provided only 106 beds for the lunatic poor;[9] the great majority of lunatics were in the community. When their behaviour became unmanageable they were confined in the gaols or in the newly established houses of industry.

In the gaols, the jailers were unpaid and given free rein to extract money from their prisoners, in return for privileges. The moneyless, who invariably included the insane, lay on the flagstones.[10, 11] Conditions in the houses of industry were just as bad. They had become places of punishment rather than charitable institutions. Thomas Spring Rice, one of Ireland's leading reformers in the care of the insane, giving evidence to a Government Select Committee on the Limerick House of Industry, reported: 'Two and sometimes three patients occupied cells which were about six feet by ten feet. Those in a state of furious insanity were restrained by having their hands pressed under their knees and manacled in that position. Their ankles were secured with bolts.'[11, 12]

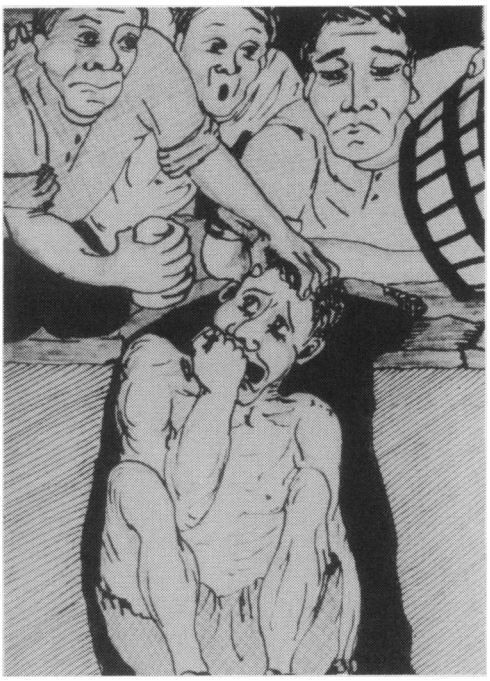

Fig 1.
Managing madness in the cabin of a peasant.

Other evidence to the Government Select Committee gives a graphic description of community care (Fig 1). 'There is nothing so shocking as madness in the cabin of the peasant.[11] When a strong man or woman gets the complaint, the only way they have to manage is by making a hole in the floor of the cabin, not high enough for the person to stand up in, with a crib over it to prevent his getting up.[11, 12]

THE BEGINNING OF A NEW ERA OF REFORM

It was from within this social framework that the first era of reform had its origins. As the eighteenth century draws to a close we return briefly to the larger canvas. The French Revolution, inspired by the demands for liberty and equality, encouraged and advanced social change in many countries. By the end of the eighteenth century, radical social developments were afoot which finally embraced the rights and needs of the disadvantaged including the insane.

Philippe Pinel, physician in charge of the Bicêtre asylum in Paris in 1793, liberated his patients from their chains and ordered that henceforth they should be treated with kindness and understanding.[13] While his action reflected the humanitarian spirit abroad in France at the time, it was also a manifestation of his views of mental illness as a natural phenomenon. New philosophies and developing sciences constituted a shift from a supernatural to a natural perception of world affairs, and with it a shift from acceptance of the *status quo*. Pinel's theories about insanity[14, 15] were greatly influenced by William Cullen, Professor of Medicine at Edinburgh, one of the most influential figures in medicine in the British Isles.[16]

For the first light of reform in these islands we look to the city of York, where, in 1790, a patient called Hannah Mills was admitted to the city asylum.[17] Her

relatives, who lived at some distance away, recommended her to the care of the Society of Friends. Members of the Society who attempted to visit her were refused admission on the grounds that she was 'not in a suitable state to be seen by strangers'. Hannah Mills subsequently died under circumstances which aroused strong suspicions of ill treatment and neglect. William Tuke, head of a Quaker family in York, resolved that a retreat should be established where there would be no concealment and where patients would be treated with 'all the kindness which their condition allowed'.[18] Tuke's resolve was strengthened by a subsequent visit to St Luke's hospital in London, where he found patients bedded on straw and in chains.[19] Pinel and Tuke had concurrently, and initially unknown to one another, pioneered methods of treatment based on common sense and enlightened humanitarianism.

One other factor influenced the process of lunacy reform in these islands — the occurrence of mental illness among the élite. On several occasions since becoming monarch in 1760 George III was seized by periods of insanity.[20] The first to become public was in 1788 and the episode lasted for several months. No-one in the writings of the day suggested he was being punished by heaven or possessed by the devil. Again many well known writers and poets were, if not psychotic, at least highly neurotic. Notable were William Cowper, Christopher Smart, Charles Lamb, Dr Johnson and William Blake. Well might Wordsworth write in 1802 in *Resolution and Independence*:

> 'We poets in our youth begin in gladness;
> But thereof comes in the end despondency and madness'.

LUNACY REFORM IN IRELAND

In the closing years of the eighteenth century, Irish legislature began to recognise the special problems of the insane. The first light of innovation in lunacy provision is to be found in prison reform. In the Irish Aquitted Prisoners' Act of 1763,[21] the health of prisoners was given consideration for the first time. This antedated British prison reform by more than a decade. Segregation was proposed beginning with separation of the insane. In 1786[22] new prison legislation permitted the establishment of separate lunatic buildings throughout Ireland and a system of inspection. However, like so many Acts concerned with social provision, it was merely permissive and special accommodation was again limited to Dublin, Cork, Waterford and Limerick. In fact, national asylum provision began very humbly with 10 cells at the Dublin House of Industry.

As Kirkpatrick remarks in his short history of lunacy provision in Ireland 'It was around the Houses of Industry that might be written the history of Irish medicine'.[23] They provided the only haven for the infirm and invalid poor. Conditions at the half-dozen houses of industry were extremely limited. At Limerick they were particularly appalling when John Carr visited in 1800 — walking towards the House of Industry 'the traveller will quit a noble city gay with novel opulence and luxury for a scene which will strike his mind with horror'.[24]

Provision hinged on the innovation and dedication of local reformers. In this respect, conditions at Cork were in striking contrast to those at Limerick, where, following the appointment of Dr William Hallaran in 1791 a separate asylum for the insane was established. Hallaran had his medical training at Edinburgh where he too came under the influence of Cullen.[25] He was the first Irish doctor to write at length on the problems of insanity.[26]

Just four years after Halloran's appointment as a physician to the House of Industry in Cork, Alexander Jackson was appointed attending physician to the Dublin House of Industry. Jackson was a native of Co. Tyrone and educated at Dungannon Public School.[27] Like Hallaran he had had his medical education at Edinburgh, again under the influence of Cullen. After a short period of medical practice in Lurgan, he settled in Dublin in 1795 and, soon after, began work at the hospital connected with the House of Industry. In the years ahead, Jackson would play a major rôle in the establishment of Ireland's public asylum system.

NINETEENTH CENTURY LUNACY PROVISION

In 1800 Ireland lost its parliament and became part of the Union. Our attention must now return to the political arena and the efforts of one of Ireland's key reformers, Sir John Newport, who sought to introduce new legislation for the care of the insane. Newport was a Whig and a keen supporter of Catholic emancipation. As MP for Waterford and Chairman of the local House of Industry, he was aware of the inadequacies and overcrowding at Cork and Dublin, due in no small way to the inadequacies or absence of provision in other parts of Ireland. As he noted, under the existing legislation 'it is entirely optional in the Grand Jury whether they will grant any and what sum of money for the erection of houses for insane persons'.[28] In 1804 he proposed to Parliament that a committee be set up 'to consider legislative provisions for the support of the aged and infirm poor of Ireland and making provision for the care of lunatics and idiots'. The report,[29] presented just two months later, recommended the establishment of four asylums, one in each of the provinces 'appropriated exclusively to lunatics and idiots'.

On 21 March 1805, Newport introduced an Irish Lunatics' Bill; but his attempt failed by just four votes. As Arthur Williamson's careful analysis[30] suggests, the Bill fell victim of a fierce inter-party debate concerning Lord Melville's financial management of the Admiralty.[31] Party feelings appeared to influence the voting pattern of the Whig-led proposals for Irish lunacy reform — a pattern not so uncommon in parliamentary handling of Irish affairs.

The next stimulus for reform in Ireland came in 1810 from the pen of an Ulster physician, Dr Thomas Hancock, writing in the *Belfast Monthly Magazine.*[32] Hancock had several links with Quaker reform. First he had attended the Quaker school at Ackworth in York founded by William Tuke. Tuke's son had been a contemporary at Ackworth, and was now active in lunacy reform. Both he and Hancock corresponded on these issues. Hancock made a powerful plea for the introduction of moral and humane methods of treatment stating that 'the dominion of fear will not produce a change like the domination of confidence and esteem'. That same year the Governors of the Dublin House of Industry presented a memorial to Parliament 'that the number of lunatics and idiots for some time transmitted from all parts of Ireland to this institution has so much increased as to render additional and appropriate buildings necessary'.[33] To this Jackson added a personal plea in a letter to the Lord Lieutenant.[12]

Parliament finally responded by authorising the establishment of Ireland's first public asylum in Dublin. It was to be named in honour of the Lord Lieutenant, Charles Lennox, fourth Duke of Richmond. Jackson visited a number of English

asylums, including the Retreat at York, and, on his return, submitted guidelines for running the asylum. These progressive and enlightened views included that every patient should be examined and the state of his mind ascertained before being admitted. He also stressed the need for a resident medical officer who would not follow any business other than the hospital.[27] Francis Johnston, from Co. Armagh, Architect to the Irish Board of Works, designed the new asylum which was to provide for two hundred and fifty patients.

The Richmond asylum was opened in 1815 and Jackson duly appointed as its visiting physician (Fig 2). From the beginning, the Governors, guided by Jackson, laid heavy stress on moral or psychological methods of treatment. The duties of its superintendent were based on those at the York Retreat. John Leslie Foster, MP for Armagh, giving evidence to a parliamentary committee two years later reported: 'there is not in the Richmond lunatic asylum to the best of my knowledge, a chain, a fetter or a handcuff'.[12]

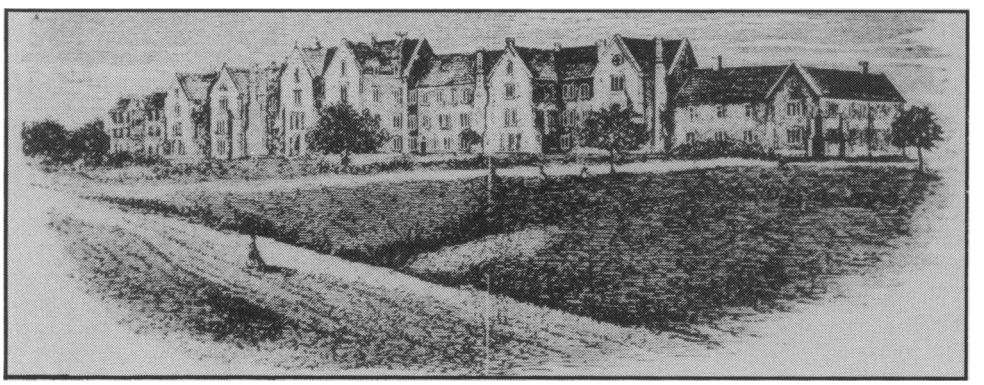

Fig 2.
Front elevation of the male department of the Richmond district lunatic asylum, erected in 1854.

It was originally hoped that the Richmond would provide sufficient accommodation for a large proportion of Ireland, but in November 1815, within six months of its opening, the Governors wrote to the Chief Secretary, concluding that 'the relief of lunacy could be neither fully nor conveniently met by lunatic establishments confined to the capital'.[12] They recommended enlargement of the lunatic asylum in Cork and the formation of a similar institution in Belfast to contain one hundred and fifty patients. The criterion for their choice of sites was that 'it would not be difficult to procure a sufficient number of intelligent and benevolent governors to serve without fee or reward'.

The major driving forces behind the provision of asylum in Ireland at this time were Sir John Newport, Thomas Spring Rice, MP for Limerick, and Robert Peel, who in 1812 had been appointed Chief Secretary for Ireland. We return briefly to the mainland for events which must have greatly influenced Peel and Newport. In 1815 the reformer George Rose, on hearing of a young woman found chained by both legs and arms in a private madhouse, moved 'that a committee be appointed to consider . . . the better regulation of madhouses in England'.[34] It is of significance that both Newport and Peel were members of this committee. The weakness of the permissive legislation introduced in 1808 for the provision of county asylums in England and Wales is revealed in the committee's findings.

Gross maltreatment was again uncovered at the York lunatic asylum with forging of records to hide deaths among patients. There was widespread use of chains and other forms of mechanical restraint. Similar conditions were discovered at Bethlehem Royal Hospital, or 'Bedlam', where the inspecting party found patients left naked or covered only with a blanket. Many had been chained to the walls of their cells for weeks and months at a time. Among them, the most notable was James Norris, in chains continuously for eleven years, immortalised through the work of the artist accompanying the visiting team. By the time the 1815 committee submitted its final report there was a wealth of documentation to support the reformers' contention that the lot of madmen in every sort of institution was one of appalling degradation and inhumane treatment.

It is of significance that the year following, Peel initiated an enquiry into lunatic provision in Ireland and, shortly after, in an address to the House of Commons, moved that 'a committee should be appointed to enquire into the expediency of making further provision for the relief of the lunatic poor of Ireland'.[34] The committee appointed consisted principally of Irish members and included Sir John Newport, John Leslie Foster, then a governor of the Richmond Asylum, and Thomas Spring Rice. After first considering accommodation at infirmaries, the committee recommended that distinct and separate lunatic asylums should be established. A major factor in this decision was the evidence given by Foster regarding the successful adoption of moral methods of treatment at the Richmond. It was considered impossible to establish such methods by untrained staff and where staff would not be devoted wholly to the care of the insane, 'The only mode of effectual relief would be found in the formation of district asylums . . . exclusively appropriated to the reception of the insane'. Separate provision for the insane therefore was not, as some have suggested, a mere symptom of social rejection; it was based chiefly on a therapeutic argument.

Within two weeks of the report being tabled, a Bill, drafted by Spring Rice, was presented to Parliament and became law on 11 July 1817 (57 Geo III C106, 1817). It differed in several important respects from Wynn's English Act of 1808. First, a comprehensive network of lunatic asylums was proposed. The country was to be divided into administrative areas in each of which an asylum would be established. Second, responsibility was placed centrally in the hands of the Lord Lieutenant and not with local magistrates as in England. Third, in an amending Act, additional power was given to the Lord Lieutenant to institute a system of inspection. The establishment of a centrally organised network ensured certain common principles and, modelled on the Richmond, Ireland's asylum network incorporated the 'moral' approach to treatment from its outset, characterised by humaneness and work therapy. The moral method of patient care was not introduced into the English district lunatic asylums until 1840.

THE DISTRICT ASYLUMS OF ULSTER

The report of a Government Committee of 1816[36] provides us with a glimpse of lunatic provision in Ulster 170 years ago, just before the establishment of the asylum network.

In Donegal, the Lifford gaol had an appendage for sixteen which was 'always full' and 'many patients recommended for each vacancy'. In the county and city of Londonderry, twelve cells were provided in a building, or rather a shed, in the

grounds of the county infirmary. In the county of Tyrone, four cells were appropriated for pauper lunatics in a new building added to the local gaol. The remaining counties had no provision whatever. The report lamented that 'the pauper lunatics who were committed to gaol are so miserably neglected and ill provided with every common necessity as makes it shocking to human nature to witness'.

According to William Todd, Secretary of the Asylum Commission, 'lunatics abound more in Ulster than any other part of Ireland'.[37] Such a perception of the high prevalence of lunacy almost certainly derives from two issues. First was the lack of any alternative institutional provision in Ulster at this time. Second was magnitude of the poverty-stricken population.[38] But perhaps the misperception of higher prevalence of lunacy was the reason why Ulster would obtain the first of the new asylums.

It is appropriate that Armagh, Ulster's oldest city, should be the first city to have a district asylum in Ireland. Early in 1819 negotiations took place between the Secretary of the Lunacy Commission, William Todd, and William Gregory, Archbishop of Armagh. Four acres of land were obtained from a Mr Thornton and a board of governors established.[39] The foundation stone was laid in May 1821, again based on plans furnished by Francis Johnston (Fig 3).

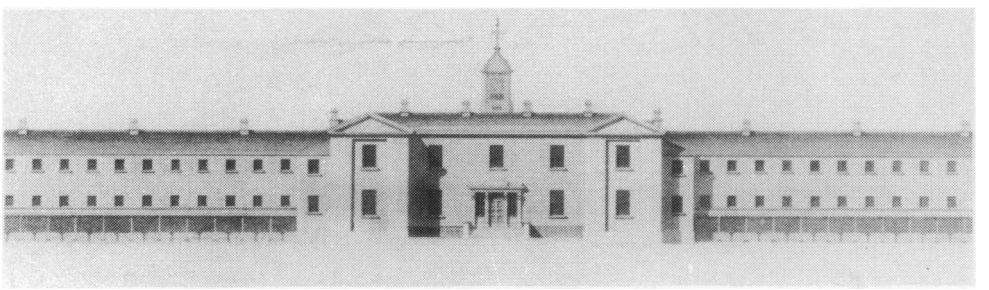

Fig 3. Front elevation of Armagh asylum.

The first meeting of the Board of Governors took place in December 1824,[40] and a quota system was established for admissions for each of the counties within the Armagh district, based on the census of 1822 (Tyrone 27, Donegal 26, Armagh 20, Fermanagh 13, Monaghan 18). The first patient was admitted on 14 July 1825.

The manager of the asylum was Thomas Jackson, formerly in charge of the lunatic department of the Dublin House of Industry. This second Jackson came to his post with considerable experience in the treatment of the insane poor and was deeply committed to moral methods of treatment.[41] His views of the value of employment as a therapeutic tool are noteworthy: 'The poor lunatic, when left to himself, without occupation or the busy and active scene of some pleasing employment, soon graduates into a state of incurability or idiocy and is left a burden to himself and to the community'. Such comments indicate the insight of these early managers into the problems of institutionalisation which would pervade the overcrowded asylums of the late nineteenth and early twentieth century. Jackson's management principles were to be replicated in the network of asylums now being established throughout the country.

Four years later the next two of Ulster's district asylums were established. Until

this time the only provision for lunatics in Londonderry consisted of the twelve cells at the local county and city infirmary erected in 1810. The population of the city at the time was almost 20,000. From Colby's 1832 ordnance survey of Ireland [42] we read 'The lunatic asylum is uniform with the asylum at Armagh and, like it, is a district asylum, being intended for the counties Londonderry, Donegal and Tyrone. It is a handsome building, situated on rising ground without the city on the north'.[11] (Fig 4).

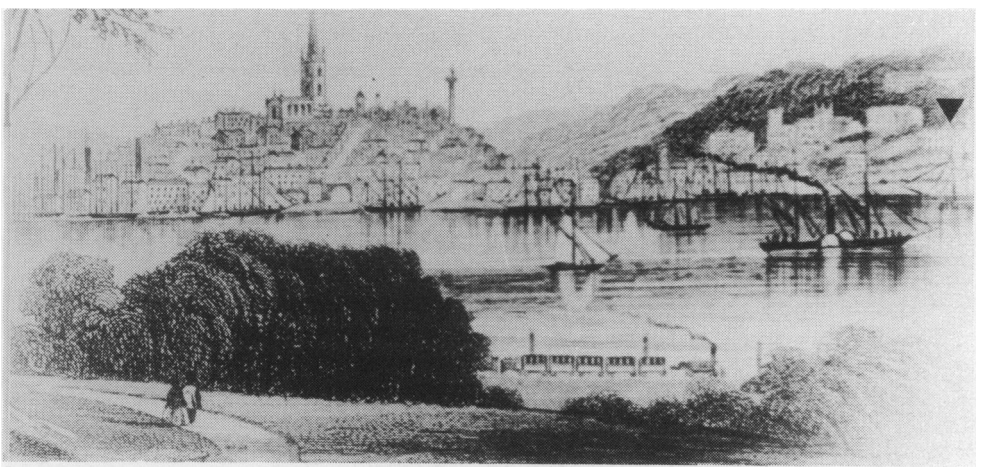

Fig 4. City of Londonderry and its asylum (far right). (By kind permission of Mr D Bigger).

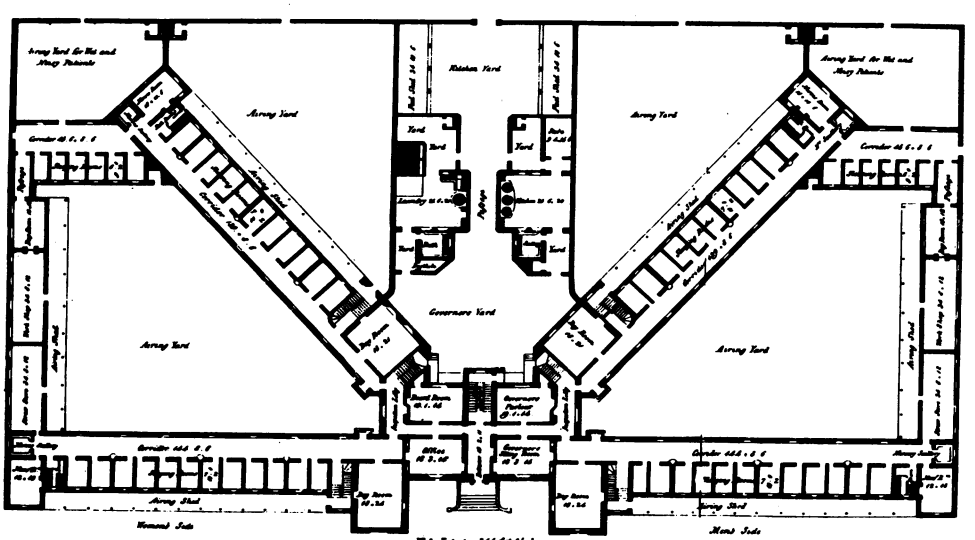

Fig 5. Plan of the Belfast and Londonderry lunatic asylums.

Again, the plan was that furnished by Francis Johnston. The panoptician design (Fig 5) gave the manager maximum surveillance of the entire hospital complex. The opening of the Derry asylum on 7 August 1824 soon relieved Armagh of patients from Tyrone and Donegal.[43]

We now turn to the establishment of the district asylum at Belfast. The history of social and medical care in the city is intimately bound up with the history of the Belfast Charitable Society. As the historian Owen observes 'few philanthropic societies have done more useful work or exercised more varied functions than the Society'.[44] It is therefore fitting that we turn to it for the earliest provision for the insane of the town. In 1802 two rooms were appropriated at the Charitable Society 'for the reception of such deranged persons as may belong to and have resided two years in this town'.[45] However, the general state of misery of the insane soon led the committee of the Charitable Society to 'consider the propriety of applying to the Lord Lieutenant to have a lunatic asylum erected in this town'. (Fig 6).

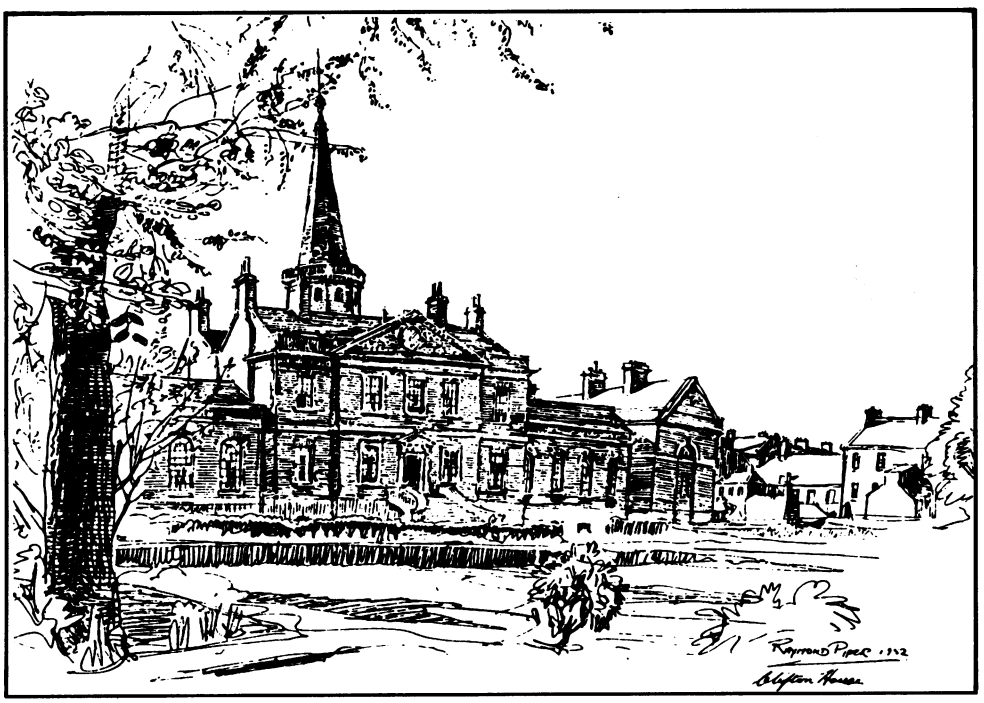

Fig 6. Belfast Charitable Society. (By kind permission of Dr RWM Strain).

The significance of such a proposal lies in the local initiative. While the new legislation of 1817 empowered the Lord Lieutenant to establish asylums, Belfast did not wait to have one proposed. Several abortive attempts were made to purchase land. Then in 1825, 'a joint deputation was formed from the committees of the District Hospital, the Charitable Society and the House of Industry in an effort to induce the Government to fix on Belfast as the most proper site for the new lunatic asylum'.[46] Land was finally obtained on the Falls Road. Totalling 33 acres, it was a larger site than any asylum either before or after. Indeed the grounds of the old asylum would eventually accommodate the entire Royal Victoria Hospital complex. (Fig 7).

A board of governors was formed and their first meeting was held on 20 May 1829.[47] It is most fitting that Dr James McDonnell, the father of Belfast medicine, was appointed as the hospital's first visiting physician. The first superintendent was Cummings who, like his colleagues at Armagh and Derry, came from the

Fig 7. Ordnance survey map (1923) of the Belfast lunatic asylum site showing its relationship to the present Royal Victoria Hospital, built in 1902.

Dublin House of Industry. The catchment area for the asylum included the City of Belfast, which at that time had about 30,000 inhabitants, the counties of Down and Antrim and the town of Carrick. On 7 July 1829 the first patients to be admitted were transferred from the Antrim gaol. (Fig 8).

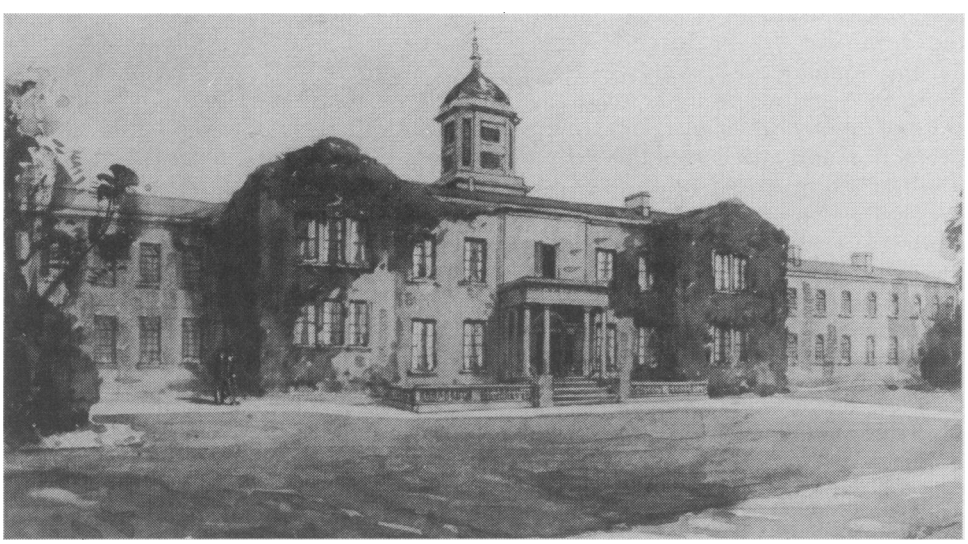

Fig 8. Belfast Lunatic Asylum. (By kind permission of the Ulster Museum).

By 1832, within 15 years of the Act of 1817, six more asylums were established in Ireland. The first major objective had been reached, the formation of a network of district lunatic asylums (Fig 9). In 1832 James MacDonald, physician to the Bloomingdale Asylum in New York, applauded the new district asylums in Ireland which formed 'a more complete system than the English'.[48] The eighth report of the Inspectors General of Prisons stated, 'The present asylums in Ireland are superior to anything of the kind in Europe, and the whole system of cure, chiefly consisting of employment, kindness, moral government and freedom from restraint is worthy of examination as a good example'. Sir Andrew Halliday, one of the key English lunacy reformers, in his assessment of the Irish asylums considered 'The system is so excellent and has been found to work so well that I am anxious it should be imitated in this country'.[49]

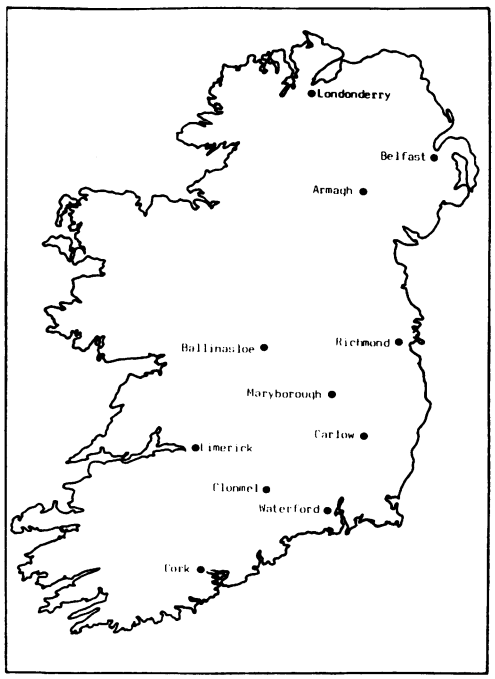

Fig 9.
The new network of Irish district lunatic asylums.

An interesting debate initiated by the French writer Foucault[50] and continued by Andrew Skull[51] suggests that the main force behind the establishment of asylums throughout the western world was the need to dispose of socially unacceptable individuals within an increasingly controlled and capitalist society. From this review of early Irish records, humanitarian concern would appear to have been the dominant driving force for the reformers. But what of the motives of the asylum managers? On this the writings of Thomas Jackson, manager of the Armagh Asylum, are most revealing. In response to an enquiry in 1827 into the state of lunacy provision, Jackson had this to say: the asylum was there 'to afford protection and ameliorate the sufferings of one of the most afflicted classes who, if left at large, would be the sport of the unfeeling rabble. Where cure may be impossible, to ameliorate their sad condition is not . . . It shall be my constant study to render the establishment commensurate with the benevolent views of the legislature'.[41] These were hardly the words of a custodian committed to protecting society from undesirables. Such was the spirit and driving force behind this new profession of carers in the field of mental health in Ireland.

The austere buildings may seem an anathema to the proponents of community care for the mentally ill today. Nevertheless, the relative comforts and asylum provided by these great institutions protected thousands of lunatic poor from the abject poverty and misery that the rest of Ulster's poor, now approaching one million, experienced at this time.

In Ulster as in the rest of Ireland, asylums provided relief for families in desperation.[7] One parameter of the relative success of Ulster's asylum provision

was the number of lunatics still residing in gaols. Even by the late 1830s, 30% of known lunatics in Ireland were still within the country's gaols. In Ulster, only 16% were resident and the majority of these were from the counties of Tyrone and Fermanagh, which at that time did not have a county asylum.[52]

THE BIRTH OF PSYCHIATRY IN IRELAND

Fig 10. Dr Robert Stuart, Ireland's first Resident Medical Officer. (By kind permission of Belfast Harbour Commissioners).

We now turn to a third event which would form another turning point in the history of Irish psychiatry. At the Belfast Asylum in 1835 the manager Cummings retired and in his place a Dr Robert Stuart was appointed. He became Ireland's first Resident Medical Officer, forerunner of the profession of psychiatrists.[53] (Fig 10). Dr Stuart was a graduate of Glasgow University where he obtained his MD in 1828, some five years after Dr John Connolly,[54] regarded by many as the father of British psychiatry. Both men came under the influence of the great clinical teacher Robert Cleghorn, Professor of Medicine and Chemistry at Glasgow University and physician to the Glasgow Asylum from its opening in 1814.[54] Cleghorn was considered an authority on running 'lunatic wards' in general hospitals and the Glasgow Asylum itself was inspired by the example of the Retreat at York and had a clear policy of minimising restraint. Stuart, following in this new tradition, pronounced himself a warm adherent of the non-restraint system of treatment. As the *Journal of Mental Science* noted, 'He was the father of the Irish asylum service and was looked up to with feelings of greatest respect and confidence by his colleagues in the profession, and by the general body of Irish superintendents'.[55]

During the forty years when Stuart was the chief officer of the Belfast Asylum, the institution attained a high reputation for the skill and humanity which guided its administration. Many eminent clinicians from the United States and Europe visited the Asylum.[56] Samuel Tuke from the York Retreat commented 'I have gone through this hospital for the insane with a high degree of satisfaction . . . There is an air of ease and comparative comfort in the general aspect of the patient, which has given me the most favourable impressions of the principles of management which are carried out by Dr Stuart'.[57] Richard Eades from Dublin, and formally a pupil in La Salpêtrière, commented 'having visited many similar institutions, both on the continent and in Great Britain, I was happy to find the Belfast Asylum second to none'. Unlike any other asylum in Ireland at the time it had a wing for long-stay patients and had its own infirmary. Dr Stuart was also

highly regarded by his medical colleagues in Belfast and as a member of the Ulster Medical Society was elected its third president.[58]

It is therefore with some surprise that we read a rather hostile and frosty editorial in the *Dublin Medical Press* of 1844, 'We are not at present prepared to advocate the appointment of a resident physician to an asylum for some three hundred patients, to have paramount control in the treatment of patients . . . We do not expect that benefit could arise from having the insane confided to the care of physicians, so doubtful of their own success in general practice, or so destitute of public support, that they would accept of such an appointment as that held by the managers of our asylums'.[59] It is perhaps even more surprising that such criticism should come from a member of Dr Stuart's own profession, Dr Jacob, the editor. Of considerable significance, however, is the fact that the brother of the editor, Dr John Jacob, was visiting physician to the Maryborough Asylum, Dublin.[60]

The true target of hostility becomes apparent when we read subsequent editorials in which criticism is also directed at Dr John Connolly who in 1839 pioneered at Hanwell Lunatic Asylum the non-restraint method in English asylums. Reporting on a second death at Hanwell, the editor of the *Dublin Medical Press* protests, 'We certainly have fallen upon the days of quackery, and, next to the quackery of knaves, the hobby horsical quackery of vain applause courting enthusiasts is the most inconvenient'.[61] The target for such criticism and abuse was not the individuals themselves but an emerging profession dedicated to the care of the insane — the Resident Medical Officer. Connolly supported these developments in Ireland and so had become a focus for criticism by those members of the profession who defended the supremacy of the visiting physicians.

At the centre of the debate was a struggle, a struggle for control. In 1843 legislation took control away from the asylum managers, two of whom were doctors — Stuart at Belfast and Flynn at Clonmel. The 1843 Act[62] placed managerial responsibility in the hands of the visiting physicians. A prime mover in this shift of control from the asylum managers to the visiting physicians was Francis White, the first medical inspector and a past president of the College of Surgeons in Ireland. Yet when White visited Belfast the year following the introduction of legislation he was persuaded to waive the rules in the light of what he described as the excellent superintendence of the entire physical and moral treatment of the patients at the Asylum, provided by Dr Stuart.[63, 64]

There is no evidence in any of the Belfast records to suggest a medical power struggle in either the appointment or full authority of the Resident Medical Manager.[65, 66] Indeed, the very opposite — as evidenced by the fact that in 1845 a testimonial was signed by all senior medical practitioners of Belfast recommending Stuart as a candidate for the office of Inspector of Lunatic Asylums. Such an atmosphere nurtured the growth of a new professional group. The present managerial system of our psychiatric hospitals can be likened to a gestation process. Its conception in Belfast was a very positive event but the gestation period was lengthy and stormy. For almost twenty years there was a 'tug of love' for control of the asylums.[67–70] Some have considered the struggle to be between the medical profession and lay managers. While this was indeed a factor, there was as much resistance to the establishment of resident medical officers as there was to the subordination of lay managers. Would asylums continue to be controlled by the long-established body of general physicians or should they be managed by a new speciality?

At the Commission of Inquiry held in 1856, no agreement could be reached on

the status of visiting physicians. The eminent physician Dr Dominic Corrigan argued 'that visiting physicians are a necessary appendage to lunatic asylums'. But the majority view of the Commission was 'that the resident physicians should have charge of the asylum, and be responsible for the treatment of the inmates as regards their insanity'.[69] In 1858 a Bill to amend the law relating to the lunatic poor in Ireland was introduced by Lord Naas, the Chief Secretary. Clause 39 provided for the appointment of a medical superintendent, 'who shall be a physician and surgeon, and shall be responsible for the treatment of the patients'.[74] The Bill failed on this very issue.

The final stage of parturition began at the Annual Meeting of the Association of Medical Officers of Asylums of Great Britain and Ireland held in Dublin on 22 August 1861. At this time all but one of the asylum managers in Ireland were now medical men. Dr Lawler, Resident Medical Officer at the Richmond, was President of the Association. Dr Stuart remarked that 'resident physicians have no feelings of hostility whatever to the visiting physicians; the resident physicians desire to have them still as colleagues, but in the character of consultants'.[71] Dr Flynn, Manager of the Clonmel Asylum, proposed that 'power should be given them to deal with the requirements of each case as his own judgement and experience may suggest, while the visiting physician is still retained as a consultant'. The motion was passed unanimously. A few weeks later a deputation waited on the Chief Secretary Sir Robert Peel.

The editor of the *Dublin Medical Press* protested strongly, 'An Act implementing such proposals could not for a moment be seriously entertained. The adoption of it would outrage our common sense'.[72] In spite of these protestations, on 16 January 1862 Peel carried revised rules for Irish asylums through the Irish Privy Council, cancelling those of 27 March 1843 and putting an end to divided responsibility. Rule 19 necessitated medical managers to be duly qualified as physician and surgeon. In spite of this, the struggle continued for another 30 years until the post of consulting physician was brought to an end in the early 1890s.

The medical profession has for centuries been one of the main providers for the relief of suffering of all kinds. Had such trust been based solely on the efficacy of our endeavours, then perhaps a very different state of affairs would have arisen. The parallels with the early care of the mentally ill are obvious. Daniel Tuke[73] during his presidential address to the Medico-Psychological Association in 1881 said, 'It may be difficult to suppress the hope, but we cannot entertain the expectation, that some future Sydenham will discover the antipsychoses which will as safely and speedily cut short an attack of mania or melancholia . . . Rather we must rest satisfied with the general advance in treatment in a scientific direction'. Given the advances in medical science, particularly in the fields of investigation and pharmacology, there can be no doubt of the advantages gained from the close links between those responsible for the care of the mentally ill and the rest of the medical profession.

Of equal importance have been the advances in our understanding of the roles of psychological and social mechanisms in precipitating, maintaining and compounding mental and physical ill health. Such issues rather than a prompt for the withdrawal of the medical profession from the care of the mentally ill surely point to the need for a balance in medical education, not only for those who choose the care of the mentally ill as their special interest, but for the profession as a whole.

THE GROWTH OF ASYLUM PROVISION

We turn to one final facet of provision for the mentally ill in the last century which would greatly influence the character of medical practice for more than a century. By the early 1840s the network of asylum provision, centrally organised and under the watchful eye of a medical inspectorate had been established for almost ten years. Throughout England and Wales there was no such network and the pattern of provision was extremely patchy. Wales at this time was without a single asylum, and over twenty counties in England were still without asylums, public or private. In 1843, Ireland's ten asylums provided inpatient facilities for two-and-a-half thousand patients — a residency rate of 30/100,000.[74]

Yet, in successive asylum reports of the 1840s[75, 76] we read of the 'urgent necessity for extension of accommodation. Accommodation is insufficient and a great evil arises from that deficiency'.[11] Within 15 years, asylum provision had more than doubled both in Ireland, and in England and Wales, yet the opinions of those concerned with planning and provision for the mentally ill remained unchanged.[77] Daniel Tuke, writing at the time, was apprehensive that the new round of difficulties being observed in Ireland would shortly be experienced in England.[11]

What had reversed the optimism regarding the original model provision consisting of several small 150-bed units, distributed throughout the country? The problem centred on the growing number of 'incurables' — the chronically mentally disabled. From the early statements on asylum provision it would appear that the reformers had intended to provide for all lunatic poor throughout Ireland. However, it is equally clear that the providers envisaged these new hospitals capable only of meeting the needs of the treatable and curable minority. As early as 1835, Jackson of the Armagh Asylum stated: 'We felt the serious inconvenience of being obliged to admit the chronic incurable cases and, I may say, have never been able finally to overcome the difficulty that the receiving of a large number from the gaols of such incurables caused on the first opening of the asylum . . . That these institutions are equal to meet all curable and violent cases I have no doubt'.[78] His estimate of need for acute care was 30/100,000, very close to current estimates of need.

Similar reports were emerging from the Belfast and Londonderry asylums.[79, 80] A clear discrepancy now existed between the objectives of the planners and those of the providers. The planners, however, were aware of the escalating costs which the grand juries of each county and district were obliged to provide. As a compromise, the newly-established workhouses were being encouraged to take the idiots and harmless lunatics. While this provided additional accommodation of a kind, the undesirability of such conditions was all too apparent to planners and providers alike. In the Lunacy Enquiry of 1843 Spring Rice considered the trend 'retrogressive'.[80] White, the Lunacy Inspector, described the workhouse accommodation as 'the very worst . . . none of these should be received anywhere but into district asylums'. Stuart, in the Belfast Asylum report of 1858, stated that 'fully two-thirds of patients in asylums are of the so-called incurable class — a class however requiring, for the most part, as much constant care and supervision as any other'.[84]

Why had there been such a growth in the number of people requiring chronic care, comprising two-thirds of residents of district asylums and the great majority of those in alternative accommodation? The early notion was of a real increase in

the prevalence of insanity. Later commentators have referred to the false optimism in the therapeutic effects of the moral methods. However, it is all too apparent from successive reports of enquiry over the first decades of the nineteenth century that there was no real appreciation of the size of the problem — that is, the problem in the community itself. Estimates of need were based wholly on the level of overcrowding in the asylums. Various references can be found throughout several lunacy enquiries to 'lunatics at large',[83] mentally ill persons living in the community. The only available estimates were those provided by Ireland's police force — hardly by today's standards a reliable source of prevalent estimates of psychiatric morbidity.

In 1850 Ireland was just emerging from the devastation of the Great Famine. Estimates of the insane were put at almost 10,000 or 150 per 100,000 population.[81] The number in the community was thought to be less than 5,000. Yet within 30 years the estimate of prevalence had apparently more than doubled to 350/100,000. The major determinant of the great expansion in asylum provision towards the end of the nineteenth century was the gradual recognition of the very large number of mentally ill people within the community itself, hidden from view like the base of an iceberg.

A second factor contributing to asylum expansion was the extreme general poverty. While in principle families were willing to take recovered relatives home, because of the poverty 'there was a great reluctance to do so'.[69, 84] Considerable pressure was placed on central government resulting in the building of more and more asylums to accommodate the chronically disabled lunatic poor who could not care for themselves in the community and who could not be readily cared for by relatives.

Throughout the nineteenth century, asylum population grew exponentially. By the early years of this century, provision in Ulster and throughout the rest of Ireland had risen by more than 20 times the original estimate of need[81, 85] (Fig 11). This unique explosion in institutional provision provides an explanation for the relatively high level of inpatient provision in Ulster today — still some 50 per cent higher than corresponding provision in England and Wales.

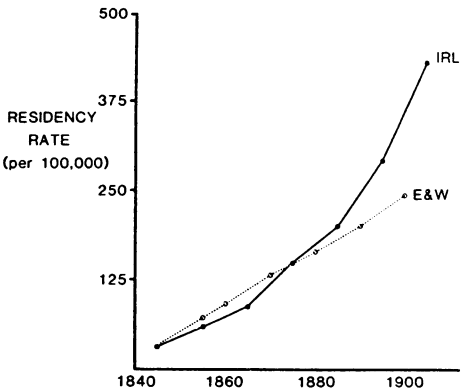

Fig 11. Growth of asylum provision.

EPILOGUE

Whatever criticism can be made of the resulting underfunded and understaffed institutional management, it has provided today's health planners with a firm estimate of the number of mentally disabled people in need of continuing care and support. Present institutional provision leaves us in no doubt of the costs of providing such care, a central ingredient for planning any change in the balance of provision back towards the community.

The 50 years beginning with the establishment of the Richmond Asylum and concluding with the creation of a network of district lunatic asylums staffed by a

professionally trained body can reasonably be regarded as the renaissance of the humane and enlightened care of the mentally ill in Ireland. In this process, the inspiration and dedication of individuals was critical. France had Esquirol and Pinel, England had William Tuke, Lord Shaftesbury and John Connolly. Ireland had John Newport, Thomas Spring Rice and a group of committed asylum managers and physicians among whom Ulstermen figured prominently: Thomas Hancock from Belfast, advocate of the non-restraint system; Alexander Jackson from Tyrone who established these methods of treatment in Ireland's first public asylum; Thomas Jackson at St Luke's, Armagh, who extended the principles to the district asylums; and Robert Stewart who 150 years ago began his career as Ireland's first psychiatrist, setting a fine example as a physician, a man of compassion, and an able manager of this city's embryonic mental health services.

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REFERENCES

1. Tuke DH. Chapters in the history of the insane in the British Isles. London: Kegan Paul, Trench, 1882: 23.
2. Hancock WN. Senchus Mor. Dublin: HMSO, 1865; **1**: 269.
3. Beckett JC. The making of modern Ireland. London: Faber, 1966: 24.
4. Jones K. A history of the mental health services. London: Routledge and Kegan Paul, 1972: 3.
5. Beckett JC. A short history of Ireland. London: Hutchinson University Library, 1958: 131.
6. Freeman TW. Ireland: a general and regional geography, 3rd ed. London: Methuen, 1965: 118.
7. Reports from the Commissioners for Inquiring into the Condition of the Poorer Classes in Ireland. London: HMSO, 1835. (HC 1835 xxxii) *and* Post inquiry (Ireland): Appendix . . . and supplement. London: HMSO, 1836. (HC 1836 xxxii).
8. Robins JC. The lost children. Dublin: Institute of Public Administration, 1980.
9. Craig MJ. The legacy of Swift: a bicentenary record of St Patrick's Hospital, Dublin. [Dublin]: Sign of the Three Candles, 1948: 13-30.
10. A report of the Committee appointed to Enquire into the State of the Gaols of this Kingdom. Dublin, 1729.
11. MacDonagh O. The Inspector General. London: Croom Helm, 1981: 42.
12. Report from the Select Committee on the Lunatic Poor in Ireland. London: HMSO, 1817. (HC 1817 viii).
13. Hunter RA, Macalpine I. Three hundred years of psychiatry, 1535–1860. London: Oxford University Press, 1963: 602.
14. Pinel P. A treatise on insanity; translated from the French by DD Davis. Sheffield: Cadell and Davies, 1806.
15. Carlson ET, Dain N. The psychotherapy that was moral treatment. *Am J Psychiatry* 1960; **117**: 519-24.
16. Hunter RA, Macalpine I. (Ref. 13: 473).
17. Jones K. (Ref. 4: 46).

18. Tuke DH. (Ref. 1: 113).
19. *Ibid*: 114.
20. Jones K. (Ref. 4: 37).
21. MacDonagh O. (Ref. 11: 43).
22. *Ibid*: 113.
23. Kirkpatrick TP. A note on the history of the care of the insane in Ireland. Dublin: Dublin University Press, 1931.
24. Carr J. The stranger in Ireland. London: 1805.
25. Hunter RA, Macalpine I. (Ref. 13: 40).
26. Hallaran WS. Practical observations on the causes and cure of insanity. Cork: 1818.
27. Memoir of Dr Jackson. *Q J Med Sci* 1848; **5**: 565-6.
28. A bill for the establishment of provincial asylums for lunatics and idiots in Ireland, (HC 1805, (61), i, 87).
29. Report of the Select Committee appointed to consider the Provisions for the Care of Lunatics and Idiots by Grand Jury Presentments. London: HMSO, 1804. (HC 1804, (109), iv, 771).
30. Williams A. The origins of the Irish mental hospital services. Dublin: Trinity College, 1971: 101. M Lit thesis.
31. Fulford R. Samuel Whitebread, 1764–1815. London: MacMillan, 1967.
32. Hancock T. On lunatic asylums. *Belfast Monthly Magazine* 1810; **4**: no. 18.
33. Dublin House of Industry minute book. Dublin: Royal College of Surgeons in Ireland, Jan 1810.
34. Report from the Committee on Mad Houses in England. London: HMSO, 1815. (HC 1814–1815 (296), iv, 801).
35. Hansard, 1st series 1817; 35; 881-3.
36. Irish Government report as to lunatic asylums 1816. Appendix to Report from the Select Committee on the Lunatic Poor in Ireland. London: HMSO, 1817. (HC 1817 viii).
37. Letter from William Todd and V Fitzgerald. Dublin: Public Records Office of Ireland, 1819. (Registered papers (1819), no. 135L).
38. Report from the Select Committee On the State of the Poor in Ireland. London: HMSO, 1830. (HC 1830 vii).
39. Public Records Office of Ireland. Registered papers, no. 82T. Dublin, 1819.
40. Armagh District Lunatic Asylum. Proceedings book. (Public Record Office (NI). HOS 27/1/1).
41. Correspondence and communications between the Home Office and the Irish Government during the year 1827 on the subject of public lunatic asylums. London: HMSO, 1828. (HC 1828 (234), xxii, 223).
42. Colby TF. Ordnance Survey of the County of Londonderry. Dublin: Hodges and Smith, 1837: 113.
43. Londonderry Lunatic Asylum. Proceedings book, 1829. (Public Record Office (NI), HOS 17/7/1/1).
44. Owen DJ. History of Belfast. Belfast: Baird, 1921: 166.
45. Strain RWM. Belfast and its Charitable Society. London: Oxford University Press, 1961: 28.
46. Malcolm A. The history of the General Hospital, Belfast, and the other medical institutions of the town. Belfast: Agnew, 1851: 90.
47. Belfast Lunatic Asylum. Minute book, 1829. (Public Record Office (NI), HOS 28/1/1/1).
48. Russell WL. The New York Hospital: a history of the psychiatric service, 1771–1936. New York: Columbia U.P., 1945: 496-506.
49. Halliday A. A general view of the present state of lunatics and lunatic asylums in Great Britain and Ireland, and in some other kingdoms. London: Underwood, 1828.
50. Foucault M. Madness and civilization. London: Tavistock, 1967.
51. Skull A. Museums of madness: the social organisation of insanity in nineteenth century England. London: Allen Lane, 1979.

52. Belfast Lunatic Asylum: Minute book, July 1835. (Public Record Office (NI). HOS 28/1/1/1).
53. Obituary: Dr Robert Stuart. *Belfast Telegraph* 1875; April 10: 4.
54. Connolly J. An enquiry concerning the indications of insanity. London: Taylor, 1830.
55. Obituary: Robert Stuart, MD, Belfast. *J Ment Sci* 1875; **21**: 75-6.
56. Report on the Irish, Scotch and American asylums. *J Ment Sci* 1855; **2**: 404-12.
57. Belfast Asylum. Report, 1847. (Public Record Office (NI). HOS 28/1/5/1).
58. Hunter R. A history of the Ulster Medical Society. *Ulster Med J* 1936; **5**: 118.
59. Editorial. Our district lunatic asylums. *Dubl Med Press* 1844; **12**: 158-9.
60. Editorial. Libels on the lunatic asylums. *Dubl Med Press* 1845; **13**: 106-8.
61. Editorial. The non-restraint system in lunatic asylums. *Dubl Med Press* 1843; **9**: 383.
62. General rules for the government of the district lunatic asylums of Ireland. *Dubl Med Press* 1843; **9**: 271.
63. Minutes of evidence before a Select Committee of the House of Commons on the State of the Lunatic Poor in Ireland. London: HMSO, 1843. (HC 1843 (625), x, 439).
64. Thompson SS. Letter to the editors of the Medical Press. *Dubl Med Press* 1845; **14**: 74-6.
65. Belfast Lunatic Asylum. Minute book. (Public Record Office (NI). HOS 28/1/1/2).
66. Report of the Inspectors-General. *Dubl Med Press* 1845; **14**: 43-7.
67. The libels of the lunatic asylums of Ireland. *Dubl Med Press* 1849; **22**: 204-5.
68. The revised rules of the Irish Government for the better control of district lunatic asylums in Ireland. *J Ment Sci* 1862; **8**: 119.
69. Report of the Commissioners of Inquiry. *J Ment Sci* 1859; **5**: 222-45.
70. Irish lunacy legislation. *J Ment Sci* 1859; **5**: 435-40.
71. Association of Medical Officers of Lunatic Asylums. *Dubl Med Press* 1861; **46**: 187-8.
72. Medical officers of lunatic asylums. *Dubl Med Press* 1861; **46**: 168-9.
73. Tuke DH. (Ref. 18: 443-501).
74. Minutes of evidence before a Select Committee of the House of Commons appointed to consider the State of the Lunatic Poor in Ireland. London: HMSO, 1843. (HC 1843; 46).
75. Report on the district, local, and private lunatic asylums in Ireland. *Dubl Med Press* 1847; **18**: 27-9.
76. Minutes of evidence taken before the Select Committee of the House of Commons on Medical Charities in Ireland. London: HMSO, 1843. (HC 1843; 54).
77. Fifty-fourth report (with appendices) of the Inspectors of Lunatics in the District, Criminal and Private Lunatic Asylums in Ireland. London: HMSO, 1905. (HC 1906 (Cd 2771), xxxviii, 565).
78. Report on the state of the lunatic poor in Ireland. London: HMSO, 1843. (HC 1843; 71).
79. Belfast Asylum. Report, 1838: 6. (Public Record Office (NI). 1/5/1).
80. Belfast Asylum, Report, 1858: 17. (Public Record Office (NI). HOS 1/5/2).
81. Minutes of evidence taken before the Select Committee of the House of Commons on Medical Charities in Ireland. London: HMSO, 1843. (HC 1843; 248)
82. *Ibid*: 354-60.
83. Finnane M. Insanity and the insane in post-famine Ireland. London: Croom Helm, 1981: 105.
84. Nicholls G. A history of the Irish Poor Law in connexion with the condition of the people. London: Murray, 1856.
85. Appendix to the Fifty-fourth Report of the Commissioners in Lunacy, England and Wales. London: HMSO, 1900. (HC 1900 (246), xxxvii).